YOUR business health check

**Your contact details**

**First name:**

**Last name:**

**Company:**

**Email:**

**Mobile:**

I consent to Meridian Lawyers collecting and using my information for marketing purposes in accordance with their privacy policy.  Yes

**Your business health check**

Completing a business health check is a great way to review your current position and identify potential risks to your business.

Once you've completed your business health check, our experienced pharmacy lawyers will review any potential legal risks and issues and provide recommendations on how to best manage them and keep your business compliant.

Take a step towards protecting your business and complete your complimentary health check below.

Please tell us a little bit about you. Are you:

* A new pharmacy owner  Yes  No
* An experienced pharmacy owner  Yes  No
* Looking to purchase / obtain equity in your first pharmacy  Yes  No
* Considering investing in another pharmacy  Yes  No
* Considering selling your interest in a pharmacy  Yes  No

**Workplace Relations and Safety**

Do you have a current contract for employment for all employees

(that reflects their current position and up-to-date legislation)?  Yes  No

Do all of your contracts include:

* A notice period  Yes  No
* A term that excludes policies from being contractual terms  Yes  No
* A set off clause  Yes  No
* Any terms that the Pharmacy Industry Award requires to be in writing  Yes  No

Do you have workplace policies that deal with:

* Bullying/harassment  Yes  No
* Sexual harassment  Yes  No
* Discrimination  Yes  No
* Workplace health and safety  Yes  No
* Workplace surveillance (including computer use)  Yes  No
* Social media  Yes  No

Do you know what Award, classification, allowances and rate of pay apply ☐ Yes ☐ No

to all staff in ordinary time, overtime, weekends and shifts?

Do you and your supervisors feel confident managing under performance ☐ Yes ☐ No

and misconduct?

Are your employees employed by

* You personally  Yes  No
* A partnership  Yes  No
* A company  Yes  No
* A trust  Yes  No
* A trustee for a trust  Yes  No
* Unsure  Yes  No

**Partnership Agreements**

If there are two or more owners in the business, do you have a signed  Yes  No

agreement to govern your relationship (such as a partnership agreement

or shareholders agreement)?

Does your partnership/shareholders agreement provide for retirement or other  Yes  No  
exit events (like death or TPD)?

**Commercial**

Do you have insurance that covers claims made against owners or your  Yes  No

business by employees?

Do you know how to navigate the Pharmacy Location Rules and other  Yes  No  
approvals required?

If y plans to buy or sell a pharmacy in the future, and if so, do you  Yes  No  
understand the process involved and approvals that are required?

Do you have a business name or logo which is not yet registered or protected?  Yes  No

Do you have a current or prospective business dispute?  Yes  No

Are you planning to expand or contract the size of your pharmacy and if so,  Yes  No   
do you understand the approvals you may need?

Is your lease nearing its expiry date?  Yes  No

Do you have an option or options to renew your lease?  Yes  No

Are the financing arrangements with your bank mixed up with the financing in  Yes  No  
place for other pharmacies?

Is the pharmacy that you have an interest in provided as security for loans on  Yes  No  
another pharmacy or pharmacy business that you don’t have an interest in?

**Let’s connect**

I would like to subscribe to receive your latest Pharmacy Insights and updates.  Yes  No

Do you currently have any other business concerns that you would like to discuss with  Yes  No  
one of our experienced Pharmacy lawyers?

A person in a black shirt

Description generated with very high confidenceA person wearing a suit and tie smiling at the camera

Description generated with very high confidenceIf you answered yes, how would you prefer to be contacted:  Mobile  Email

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